



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolis.mn.gov/business-licensing

License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: April 1
License Code: 158
City Parks: 262
Rev Code: 311009
MCO: 188
Adm Issuance: Yes
LICENSE ID #
CSR:

License Type: Limited Mobile Food Vendor

DEFINITION: Limited Mobile Food Vendor: An individual who sells prepackaged items such as ice cream, pop, candy, and/or potato chips from a vehicle.

Limited Mobile Food Vendor, City Parks: An individual who sells prepackaged items such as ice cream, pop, candy, and/or potato chips from a vehicle only in city parks.

SIMILAR LICENSES:

Food Cart Vendor, Sidewalk: An individual who sells prepackaged or limited ready-to-eat foods from a mobile cart on public sidewalks in downtown.

Food Cart Vendor, Indoor: An individual who sells prepackaged or limited ready-to-eat foods from a mobile cart on private property.

Food Cart Vendor, Kiosk: An individual who sells prepackaged or limited ready-to-eat foods from a food cart in a kiosk that has direct plumbing on private property.

Mobile Food Vendor Vehicle: A food establishment preparing and/or serving foods from a self-contained vehicle, either motorized or within a trailer and readily movable, without disassembling, for transport to another location.

Staff Initials	Application Checklist Submit completed application to: Minneapolis Development Review 250 South 4 th Street - Room 300 Public Service Center Minneapolis, MN 55415
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Health Addendum (Form #2) <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> _____
	<input type="checkbox"/> 3. Certificate of Liability Insurance (Sample Form #3) a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$10,000 per occurrence for property damage.
	<input type="checkbox"/> 4. City Parks Mobile Food Vendor Applicants <input type="checkbox"/> Attach a letter from the Minneapolis Parks and Recreation Department authorizing sales. <input type="checkbox"/> Attach proposed operating location and/or route.
	<input type="checkbox"/> 5. \$ _____ License Fee plus New License Surcharge

This Section To Be Completed by Minneapolis Development Review Coordinator

DC: _____ Temporary License Number: _____

☐ Plumbing Permit ☐ Mechanical Permit ☐ Building Permit ☐ SAC ☐ Sidewalk Inspection ☐ PDR Review ☐ _____
☐ SAC Determination Letter

Date Sent to EH _____
 EH Staff Initials _____
 Date Sent to EM _____

PCAB# _____
 EM Initials _____
 Date Returned to MDR _____

Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

Information in Other Languages - Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION				
Type of License	As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building (New business) <input type="checkbox"/> Starting a new business in an existing building (New business) <input type="checkbox"/> Taking over an existing business (New owner) Name of existing business _____ <input type="checkbox"/> Remodeling only			
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number				
Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number		
Business Address/Location	City	State	Zip Code	
Mailing Address (if Different than Business Address)	City	State	Zip Code	
Name of Person Filling out this Application	Title	Telephone Number		
E-mail Address	Fax Number	Cell Phone Number		
Name of Manager and Home Address		Date of Birth		
Type of Ownership: <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)				
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	
Home Address	City	State	Zip Code	
Have any of the above people been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide (or attach) dates and conviction specifics.				

3. BUSINESS INFORMATION			
Square Footage for Business Use		Hours of Operation	
Describe in detail the principal products, types of entertainment or services rendered.			
List any licenses currently or previously held in Minneapolis (Business or Individual).			
Have you ever had a business license denied or revoked by Minneapolis or another government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.			
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Contractor or Building Manager	
Explain the scope of the remodeling or construction:			
Workers' Compensation Company		Policy Number	Dates of Coverage
-----Or-----			
I certify that I am not required to carry workers' compensation insurance because: <input type="checkbox"/> I am self insured. <input type="checkbox"/> I am the sole proprietor and I have no employees. <input type="checkbox"/> I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.			
4. VEHICLES			
Will there be vehicles used in the business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach additional sheets if necessary)			
Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)
5. VERIFICATION			
<p>The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.</p> <p>SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____</p>			



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LICENSE ID #

LICENSE CLERK

DATE

HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats <input type="checkbox"/> N/A
Gross Square Footage	Square Footage of the Seating Area <input type="checkbox"/> N/A
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building (New business)	
<input type="checkbox"/> Starting a new business in an existing building (New business)	
<input type="checkbox"/> Taking over an existing business (New owner) Name of existing business _____	
<input type="checkbox"/> Adding new license to an existing business	
<input type="checkbox"/> Remodeling only	

2. TYPE OF LICENSE – See Definitions

<input type="checkbox"/> Caterer	<input type="checkbox"/> Grocery	<input type="checkbox"/> Mobile Food Unit
<input type="checkbox"/> Community Kitchen	<input type="checkbox"/> Institutional Food	<input type="checkbox"/> Public Market:
<input type="checkbox"/> Confectionary	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Market Distributor
<input type="checkbox"/> Food Cart	<input type="checkbox"/> Milk Delivery Vehicle	<input type="checkbox"/> Market Manufacturer
<input type="checkbox"/> Food Distributor	<input type="checkbox"/> Milk and Grocery Delivery Vehicle	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Food Manufacturer	<input type="checkbox"/> Milk Distributor	<input type="checkbox"/> Vending
<input type="checkbox"/> Off-Sale Liquor/Malt Liquor/Beer	<input type="checkbox"/> On-Sale Liquor/Wine/Beer	<input type="checkbox"/> Type of Liquor License _____
<input type="checkbox"/> Restaurant(full service food)	<input type="checkbox"/> Club (limited food)	<input type="checkbox"/> Sunday Sales
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Suntanning	<input type="checkbox"/> Outdoor Area
<input type="checkbox"/> Laundry/Dry Cleaning	<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Tattooing/Piercing Establishment

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ ☐ Attach a copy of current [MN Dept of Health certificate](#).

4. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? ☐ Yes ☐ No

What type of work will you be doing? ☐ General Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Other(Explain)

Have plans been submitted to: Minneapolis Development Review ☐ Yes ☐ No Environmental Health Plan Review ☐ Yes ☐ No

Have you obtained the necessary permits? ☐ Yes ☐ No

All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order.

Signature of Applicant _____ Date _____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? ☐ Yes ☐ No

Are there outstanding upgrades or compliance issues? ☐ Yes (Explain) ☐ No ☐ See attached report.

☐ Yes. I recommend to License Department to proceed.

☐ No. This application is not recommended to License Department to proceed. Reason for Hold:

Signature of EH Official _____ Printed Name: _____ Date: _____

City of Minneapolis Requirements for Insurance Certificates

#3

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

The Legal/Corporate Name
must match exactly
(word for word) to the
Approved Licensee Name
(including Inc, or LLC),
Trade Name (DBA)
and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED _____	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">EACH OCCURRENCE</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>FIRE DAMAGE (Any one fire)</td> <td>\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$</td> </tr> <tr> <td>_____ & ADV</td> <td>\$</td> </tr> <tr> <td>_____</td> <td>\$</td> </tr> <tr> <td>_____</td> <td>\$</td> </tr> <tr> <td>_____</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$	FIRE DAMAGE (Any one fire)	\$	MED EXP (Any one person)	\$	_____ & ADV	\$	_____	\$	_____	\$	_____	\$
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	OTHER																		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:																			
ADDITIONAL INSURED; INSURER LETTER																			
CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415		AUTHORIZED REPRESENTATIVE _____																	

Original signature or
stamp of Agent.

Applications will be returned if requirements are not complete.